

Transmittal to Office of Administration Hearings from Drought Coordinator

Application for Variance From Nonessential Water Use Restrictions

Date: _____

Name of Applicant: _____

Daytime Phone: _____

Address: _____

Evening Phone: _____

Fax: _____

County: _____

E-mail: _____

Type of User: _____ Residential _____ Industrial Commercial
(check one) _____ Food Service _____ Government Agency
_____ Golf Course _____ Other (specify)

Drought Coordinator: _____

Phone: _____

Address: _____

Fax: _____

E-mail: _____

_____ A representative of the Drought Coordinator will attend the hearing.

_____ The Drought Coordinator waives its right to participate in the hearing.

I hereby certify that the attached documents, checked below, are the full and complete records of the above-referenced Application for Variance. I respectfully request that the attached documents be introduced as exhibits on behalf of the Drought Coordinator.

_____ Application for Variance, including supporting materials

_____ Decision of the Drought Coordinator

_____ Hearing Request

_____ Other: _____

Signature of Drought Coordinator